			Effe	ctive Od	ctober 1, 2	004	. ,	ŀ		10	00	10	7
					(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS				1				ľΓ	RATE	FEE	7	RATE	FEE
FOR				NUMBER FILED		NUMBER EXTRA		8	ASIC FE	<b>39</b> 5.00	OR	BASIC FEE	790.00
TOTAL CHARGEABLE CLAIMS					minus 20=		•		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				ninus 3 =		•	•		X44≈	1	OR	X88=	ļ
MULTIPLE DEPENDENT CLAIM PI				PRÉSENT	RESENT		<b>□</b> .		+150=	<del> </del>	OR	+300=	<del> </del>
* If the difference in column 1 is less than zero, enter "0"							column 2	L	TOTAL	-	J	TOTAL	
CLAIMS AS AMENDED - PART II								. :		<u> </u>	70	OTHER	THAN
(Column 1)					(Column 2) (Column 3)				MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENTA		RE	CLAIMS EMAINING AFTER ENDMENT	NU PREV		EST BER BUSLY FOR	PRESENT LY EXTRA		ÄATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
	Total	•	Q	Minus	- 2	0	= .		x\$22		OR	X	
	Independent	<u> •</u>		Minus		3	e		X		OR	A SECOND	
_	FIRST PRESENTATION OF MULTI				DEPENDENT	CLAIM		Γ,	180 160=		OR	360	
•								L	TOTAL			TOTAL	
		<b>10</b>		:		, - 01	(Cal. === 0)	ADI	OIT. FEE		OR,	OOT. FEE	
AMENDMENT 8	(Column 1) CLAIMS		T	(Colum HiGHE		(Column 3)	F		ADDI-			ADDI-	
		1	MAINING AFTER DV02//SMT		PREVIOUS PAID F	JSLY	PRESENT EXTRA	F	MTE,	TIONAL FEE	-	RATE	TIONAL
	Totai	<u> </u>	·	Minus		·	.=	×	(5 <del>-9</del> =	·• .	OR	XS¶6=	
	Independent	spandent   # ST PRESENTATION OF MU		lkinus u TIOLE C	THE DENIE OF THE	C1 A44 A	_,4 []	×	(pr=		OR	X86≈	
!	ring) rheot		ON OF MIC	CITY CE E	CF ENDENT	CONTRI		1	HEAD=		OR	+300=	
		•						ADD	TOTAL IT, FEE		OR A	TOTAL DOIT, FEE	
		(Cc	luma 1)		(Colum:	n 2)	(Celuma S)	•					į
	·	REA	LAIMS MAINING IFTER : NOMENT		HIGHE NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	R		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus			= · :	X	9=	- 1	OR	XS##=	
	Independent	•	1	Minus			=	×	44=		OR	X86=	
1	FIRST PRESE	NTATK	ON OF MU	LTIPLE D	EPENDENT C	MIAL							
نو د	the eaths in color	ma 1 = 1	loce than the	. omny to se	olumn 2, write "0	t in colu	 		50=	(	DR L	+869=	
A	the "Highest Nu the "Highest Nu	mber Pr	eviously Pai	d For IN T	HIS SPACE IS IN HIS SPACE IS IN	ess than ess than	20, enter "20."	ADDI	T. FEE			TOTAL OIT, FEE	
T	ne Highest Num	ber Pre	Mousty Paid	For (Total	or independent	) is the I	highest rimit er l	iound in	the appro	prizte box l	u ctomu	nn 1.	

PATENT APPLICATION FEE DETERMINATION RECORD

FORM PTO-675 (Rev.-4004)

Paters and Trademark Office; U.S. DEPARTMENT OF COMMERCEMAN

Application or Dockel Number